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Attorney Docket No.: 65,047A178

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE -7 2001

SEP 7 2001
TC 2800 MAIL ROOM



Applicant: Leonard H. Bieman et al.
Serial Number: 09/832,710
Filed: April 11, 2001
Group Art Unit: 2872
Examiner: To Be Assigned
Title: IMAGING SYSTEM

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REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, D.C. 20231

Sir:

With respect to the above-identified patent application, applicant respectfully requests a corrected filing receipt.

In the section entitled APPLICANTS, please change "Leonard H. Bierman, Farmington Hills, MI" to **-Leonard H. Bieman, Farmington Hills, MI--**. Favorable consideration is respectfully requested.

Respectfully submitted,

David M. LaPrairie

Howard & Howard Attorneys, P.C.
39400 Woodward Ave., Ste. 101
Bloomfield Hills, MI 48304-5151

David M. LaPrairie
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(248) 645-1483

Dated: July 9, 2001



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Attorney Docket No.: 65,017-173
SEP - 7 2001
TC 2800 MAIL ROOM

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to **Assistant Commissioner for Patents, Office of Initial Patent Examination, Customer Service Center, Washington, D.C. 20231** on July 9, 2001.

Brenda J. Hughes
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/832,710	04/11/2001	2872	710	65,017-173	6	19	1

CONFIRMATION NO. 1656

FILING RECEIPT

DAVID M. LAPRAIRIE, ESQ.
HOWARD & HOWARD
39400 Woodward Avenue, Suite 101
Bloomfield Hills, MI 48304-5151

UC000000006245686*

Date Mailed: 06/29/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

→ LEONARD H. BIERMAN, FARMINGTON HILLS, MI

Leonard H. Bierman, Farmington Hills, MI
Gary Rutledge, Clarkston, MI;

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Domestic Priority data as claimed by applicant

Technology Center 2600

Foreign Applications

If Required, Foreign Filing License Granted 06/29/2001

Projected Publication Date: 10/17/2002

Non-Publication Request: No

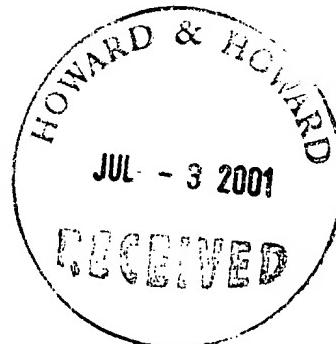
Early Publication Request: No

Title

Imaging system

Preliminary Class

359



Data entry by : SARWARI, HOMA

Team : OIPE

Date: 06/29/2001

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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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Bib Data Sheet

CONFIRMATION NO. 1656

SERIAL NUMBER 09/832,710	FILING DATE 04/11/2001 RULE	CLASS <i>350</i> <i>248</i>	GROUP ART UNIT <i>2872</i> <i>2615</i>	ATTORNEY DOCKET NO. 65,017-173
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APPLICANTS

Leonard H. Bieman, Farmington Hills, MI;
 Gary Rutledge, Clarkston, MI;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 06/29/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 6	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials				

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TITLE

Imaging system

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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